

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation is identified below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owner and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID No.:

PAR000501320

Installation Address:

3000 E ONTARIO ST FACILITY AREA PHILADELPHIA PA 19134

Mailing Address:

PETROLEUM RECYCLING CORP PO BOX 68 PHILADELPHIA PA 19134 ATTN: STUART PAUL, PRES

Form Approved, CMB No. 2050-0028 Expires 12/31/02 GSA No. 0248-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

Prises refer to Section V. Line-tig-Line instructions for Completing IPA Form \$700-14 before completing this form. The laboration requests here is

Mesource Conservation and Conservation a	ental Protection	n Agency					
Installation's EPA ID Number (Mark 'X' in the appropriate box)		N. Pride		Ene in hi	nhee		
A. Initial Notification B. Subsequent Notification (Complete Item C)	P	A R	O O C	EPAID Nur	13	20	
I. Name of installation (Include company and specific afte name)							
PETROLEUM RECYC	LIN	G	00	R P.		40.7	
ili. Location of installation (Physical address not P.O. Box or Rou	te Number)	786					
Street							-
3000 EAST ONTAR	To	5+	RE	ET			
Street (Cantinued)							
Facility Area							4
City or Town		State	ZIP Code		/		
PHILADELPHIA		PA	19	134	4-1		10 m
County Code County Name							
101 PHILACEL PHIA							
IV. Installation Mailing Address (See Instructions)							
Street or P.O. Box							
P.O. BOX 68							
City or Town		State	Zip Cod	4			
SOUTHAMPTON		PA	18	966	-0	06	8
V. Installation Contact (Person to be contacted regarding waste	activities at	site)					
Name (Last)	(First)						
PADD	5+11	AR	1+				
Job Title	Phone Nun	nber (Are	a Code an	d Number)	1 2 2 2		
PRESIDENT	215	1-12	91	- 94	400		: . : . ia
Wi. Installation Contact Address (Bes Instructions)							
A. Contact Address Location Making B. Street or P.O. Box							
X P.O. BOX 68							
City or Town		State	Zip Cod	le			
SOULUANDHON	TIT	PA	118	9 66	- 0	00	68
VII. Ownership (See Instructions)							
AJC CORPORATION		TT	TT		TT	TT	T
Breet, P.O. Box, or Route Number	7-10	702	RE	ϵt		TT	
	40	State	Zip Cod	THE OWNER OF TAXABLE PARTY.			-
City or Town		PA	1/6	126	1-1	TT	
PHILADELPHIA B. Land Type	C. Owner		Change of	Owner		Change	d
Prione reumber (Area Code and Number)	P	Ye		No T	Month	PRY	Year
215-423-9909 P	1						

Form Approved, OMB No. 2050-0028 Expires 12/31/02 GSA No. 0946-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only ID - For Official Use Only VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions) C. Used Oli Management Activities A. Hazardous Waste Activities Used Oil Transporter/Transfer 3. Treater, Storer, Disposer (at Facility - Indicate Type(s) of Generator (See Instructions) installation) Note: A permit la m. Greater than 1000kg/mo (2,200 lbm.) Activity(les) required for this activity, see a. Transporter b. 100 to 1000 kg/mo (220-2,200 lbs.) instructions. b. Transfer Facility c. Less than 100 kg/mo (220 lbs) 4. Exempt Boller and/or Industrial Used Oil Processor/Re-refiner -2. Transporter (Indicate Mode in boxes Indicate Type(s) of Activity(les) Furnace 1-5 below) a. Smelting, Melting, and Refina. Processor a. For own waste only ing Furnace Exemption b. Re-refinar b. For commercial purposes ☐ b. Small Quantity On-Site Burner Off-Specification Used Oil Burner 3. **Used Oil Fuel Marketer** Examption Mode of Transportation a. Marketer Who Directs Shipment of Off-Specification Used Oil to ■ 5. Underground Injection Control 1. Alr 2. Rall **Used Oil Burner** 3. Highway X b. Marketer Who First Claims the 4. Water Used OII Meets the 8. Other - specify Specifications B. Universal Waste Activity Large Quantity Handler of Universal Waste IX. Description of Hazardous Wastes (Use additional sheets if necessary) A. Listed Hazardous Wastes. (See 40 CFR 281.31 - 33; See Instructions If you need to list more than 12 waste codes.) 6 5 4 3 2 1 12 11 10 8 9 7 B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlieted hazardous wastes your metallation handles; See 40 CFR Parts 281.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic wasta codes.) (List specific EPA hazardous wasts number(s) for the Toxicity Characteristic contaminant(s)) 4. Toxicity Characterist 1. ignitable (0001) 2 1 (DO02) (DOGS) C. Other Wastes. (State-regulated or other wester requiring a handler to have an I.D. number; See instructions.) 2 X. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of pro including the possibility of fine and imprisonment for knowing violations. Name and Official Title (Type or print) Signity M. Comments Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

RCRA Site Detail

Report run on:

February 20, 2003 - 8:21 AM

EPA Region 03 Extract Flag: X	Facility Identifier	: County: PHILADELP	HIA		
·············· · · · · · · · · · · · ·		Subj CA: Subj CA TSD 3004: Subj CA TSD Discr: Subj CA Non-TSD: CA Wrkld:	P. C	erm Prgrs: Op Pmt GPF erm Wrkld: PClos GPR/ los Wrkld: CA GPRA: clos Wrkld: CA HE EI: CA GW EI:	
Activity Location: PA Source Type:	Notification	Seq. Number: 2	Receive	Date: 12 FEB 2001 %	
Other/Previous Site Name: PETROLEUM RE	CYCLING CORP			·	
Location 3000 E ONTARIO ST Address: FACILITY AREA (AREA F) PHILADELPHIA, PA 19134		Mailing Address:		EN MEADOW RD OND, PA 18954	
Contact Person STUART PAUL For Source (215) 291-9400 information	597 GLEN ME RICHMOND, F				
Owner (current) AJC CORP From: 01/01/0001 To:) E ONTARIO ST ADELPHIA, PA 19134		Type: Private Phone: (215) 802-1170	
······ •	nployees:	Commercial Availa State District:	-		
lazardous Waste Generator Status - Fede		, Verified; State: HQ-N Not a	Generator	, Verified	
ransfer Facility:	Unknown	Used Oil Activities			
Other Hazardous Waste Generator Activities		Used Oil Transporter Activ	ity	Off-Specification Used Oil Burner:	No
Importer Activity: Mixed Waste Generator:	Unknown Unknown	Transporter: Transfer Facility:	Yes Yes	Used Oil Fuel Marketer Activity Marketer who directs shipment	
ransporter Activity: SD Activity:	No No	Used Oil Processor and/or Re-refiner Activity		off-specification used oil to off-specification used oil burner:	No
Recycler Activity:	No	Processor:	Yes	Marketer who first claims the used	
Exempt Boiler and/or Industrial Furnace		Refiner:	No	oil meets the specifications:	Yes
•	Unknown				

^{*} End of Report *

Petroleum Recycling, Corp. P. O. Box 68 Southampton, PA. 18966-0068 215-291-9400 Fax 215-942-3955

facsimile raismittal

To:	Lisa Brannigan, EPA Contractor	Fax:	215-814-3114	
From:	Stuart Paul	Date:	1/16/01	
Re:	Form 8700-12	Pages:	3	
CC:				
□ Urge	ent 🔲 For Review 🔲 Please	Comment	☐ Please Reply	CI Please Recycle
	Arannigan,	<u> </u>	• •	• •
	cur secycling Corp. is applying for a		•	
	an agement. We have filled out an 870 or, for this proposed location. We are 1			

Could you please process our request and call us with our new EPA ID# as soon as possible, as we need this number for our permit application to the State.

A Dugar Paul

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EPA ID No.:

PAR000501320

Installation Address:

PETROLEUM RECYCLING CORP 3000 E ONTARIO ST FACILITY AREA (AREA F) PHILADELPHIA, PA 19134

Mailing Address:

597 GLEN MEADOW RD RICHMOND, PA 18954 **Attn:** STUART PAUL, PRES

Notification of Regulated

Date Received (For Official Use Only)

Information requested here in requested by time (Section 2018 of the Resource Occasorvation and Recovery Act).	Waste /	mental Protecti	on Agenc	,			
I. Installation's EPA ID Number (Mark 'X' in the app				12.1		Trees.	
A. Initial Notification B. Subsequer (Complete		P	A R	O O O	EPA ID Nun	132	20
II. Name of Installation (Include company and spec	Mic alte name)			o [©] inatesina e			
PETROLEUM RE	CYC	LIN	6	COF	2 1		
III. Location of installation (Physical address not P.	O. Box of Rot	nte Number)					
Street						+	-
3000 E. ONTA	R 10	ST	RE	ET	AR	EA	IFL
Street (Continued)						1	
			Charles	21-0-1-	444		
City or Town PHULLANDELDULLA			PA	Zip Code	34	_1 _	
Court Name			1 13		12141		
County Code County Name	HIA					TIT	TT
IV. Installation Mailing Address (See Instructions)			The latest				
Street or P.O. Box						T	
597 QLEN MEA	DOW	RO	AD		ТПП		
City or Town			State	Zip Code			
RICHBORO			PA	189	154	-	
V. Installation Contact (Person to be contacted reg	gerding wasts	activities at s	(te)	>	San Arabita		
Hame (Last)	(\$45) udge at Constitution and an experience of the						
something I disposed.		(First)	ATT THE REAL PROPERTY SHE			The section of	
PAUL		(First)	AR	TI			
		(First) STU Phone Num		Code and	Number)		
PAUL		STU		Code and	Number) - 9 4	00	
PAUL Job Title PRESIDENT VI. installation Contact Address (See Instructions)		STU Phone Num		911-	Number)	00	
PAUL Job Title PRESIDENT		STU Phone Num	oer (Area - 2	911-	Number) - 9 4	00	
PAUL Job Title PRESIDENT VI. installation Contact Address (See Instructions) A Contact Address Leasing Mailing B. Street or P.O. Box		STU Phone Num	ber (Area - 2	911-	Number) - 9 4	00	
PAUL Job Title PRESIDENT VI. installation Contact Address (See Instructions)		STU Phone Num	oer (Area - 2	911-	Number) - 9 4	00	
PAUL Job Title PRESIDENT VI. Installation Contact Address (See Instructions) A Contact Address Leading Mailing B. Street or P.O. Box City or Town		STU Phone Num	ber (Area - 2	911-	Number) - 9 4	00	
PAUL Job Title PRESIDENT VI. Installation Contact Address (See Instructions) A Contact Address Leading Mailing B. Street or P.O. Box City or Town VII. Ownership (See Instructions)		STU Phone Num	ber (Area - 2	911-	Number)	00	
Job Title PRESIDENT VI. inetaliation Contact Address (See Instructions) A Contact Address B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner		Phone Num 2 1 5	ber (Area - 2	911-	Mumber) - 9 4	00	
PAUL Job Title PRESIDENT VI. Installation Contact Address (See Instructions) A Contact Address B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner ARTHUR J. COL	A II	STU Phone Num	ber (Area - 2	911-	Mumber) - 9 4	00	
PAUL Job Title PRESIDENT VI. Installation Contact Address (See Instructions) A Contact Address Leasten Mailing B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner ARTHUR J. COL Street, P.O. Box, or Route Number		Phone Num 2 1 5	State	911-	Number) - 9 4	00	
PAUL Job Title PRESIDENT VI. Installation Contact Address (See Instructions) A Contact Address Installation B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner ARTHUR J. COL Street, P.O. Box, or Route Number 3000E0NTAR		Phone Num 2 1 5	State	Zip Code	Mumber) - 9 4	00	
PAUL Job Title PRESIDENT VI. Installation Contact Address (See Instructions) A Contact Address Leading Mailing B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner ARTHUR J. COL Street, P.O. Box, or Route Number 3000ECNTAR	A 11	Phone Num 2 1 5	State	911-	- 9 4		
PAUL Job Title PRESIDENT VI. Installation Contact Address (See Instructions) A. Contact Address Leasing Mailing B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner ARTHUR J. COL Street, P.O. Box, or Route Number 3000EONTAR City or Town PHILADELPHIA	A 11	Phone Num 2 1 5	State E E State P A	Zip Code	34	O O O	na nyed
PAUL Job Title PRESIDENT VI. Installation Contact Address (See Instructions) A. Contact Address Leasing Mailing B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner ARTHUR J. COL Street, P.O. Box, or Route Number 3000EONTAR City or Town PHILADELPHA Phone Number (Ares Code and Number)	A 11	Phone Num 2 1 5 NC STR	State E E State P A	Zip Code Zip Code Change of Original Code	34	0 0 0	
PAUL Job Title PRESIDENT VI. Installation Corrinct Address (See Instructions) A Corriant Address Leastine Mailing B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner ARTHUR J. COL Street, P.O. Box, or Route Number 3000EONTAR City or Town PHILADELPHA Phone Number (Ares Code and Number)	A I	Phone Num 2 1 5 NC STR C.Owner Ty	State E E State P A pe D.	Zip Code Zip Code Change of Original Code	34		

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VIII. Type of Regulated Waste Activity (Ma			
A. Hazardous W	auto Activities	C. Used Oll Man	agement Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rell 3. Highway 4. Water 6. Other - specify	□ 3. Treater, Storer, Disposed installation) Note: A permit required for this activity, instructions. 4. Exempt Boller and/or inductions. □ a. Smelting, Melting, and Reling Furnace Exemption □ b. Small Quantity On-Site But Exemption □ 5. Underground injection Confidence.	Facility - Inc. Activity(les a. Transpor b. Transfer Used Oil Principate Types a. Processor b. Re-refine d. Used Oil a. Marketer of Off-Specific d. Used Oil D. Marketer D. Marketer of Off-Specific d. Used Oil D. Marketer of Oil D. Marketer oil D.	ter Fecility Occessor/Re-refiner- pe(e) of Activity(les) of estion Used Oil Burner el Marketer Who Directs Shipmen soffication Used Oil to Burner Who First Claims the Meets the
B. Universal W	aste Activity		
Large Quantity Handler of Universal Wa	eto		
X. Description of Hazardous Wastes (Us	e additional sheets if necessary)	The same of the sa	PERSONAL PROPERTY.
7 8	3 4 9 10	5 11	6 12
3. Characteristics of Nonlisted Hazardou nonlisted hazardous wastes your installed to list more than 4 toxicity characteristic wastebe 2. Corrosive 3. Resolive 4. Toxicity (0001) (0001) (0003) Characteristic	Ion handles; See 40 CFR Perty 261.20 rests codes.) (List specific EPA hazardous waste number	- 261.34; See Instructions If ;	rou need
C. Other Wastes. (State-regulated or other	wastes requiring a handler to have an	I.D. number; See Instruction	N .
1 2	3 4	5	6
L Certification	San Well Williams		
certify under pensity of law that this document a system designed to assure that qualified per the person or persons who manage the syste submitted is, to the best of my knowledge and submitting tribe information, including the po	sonnel properly gather and evaluate th m, or those persons directly responsit I belief, true, accurate, and complete.	a information submitted. Bable for gathering the information are also	sed on my inquiry of
Bignature	STUART PAUL	Poecinont h	late Signed
G. Comments			Contract to the second
Bah/18/2-12-01			
lote: Mail completed form to the appropriate	EPA Regional or State Office. (See Se	ction IV of the booklet for ad	dresses)

EPA Form 8700-12 (Rev. 12/99

PETROLEUM RECYCLING, CORP. 3000 E. ONTARIO STREET, PHILADELPHIA, PA 19184 215-291-9400 * FAX 215-291-9228

	PA	CSIMILE TRANSMIT	TAL SHEET	:	
To: Lisa Branag	an.	FROM: St	uart Paul		
COMPANY: E.P.A.		DATE: 2/12/01			
FAX NUMBER: TOTAL NO. OF PAGES INCLU 215-814-3114 3			NO. OF PAGES INCLUDING	G COVER:	
PHONE NUMBER: S 215-814-3413			'S REITERENCE NUMBER	:	
RE: EPA II)#	YOURR	EPERENCE NUMBER:		
X urgent	☐ FOR REVIEW	☐ PLEASE COMMENT	X PLEASE REPLY	☐ PLEASH RECYCLE	
notes/commi Dear Li		The state of the s			

The purpose of this fax is to obtain an EPA ID# for my facility. Should you have any questions I can be reached at the number listed above.

Thank you for your assistance.

Respectfully,

Stuart Paul